PEPPERDINE UNIVERSITY

UNIVERSITY CREDIT CARD PROXY REQUEST

Financials Access is required prior to Proxy Request processing.

Cardholder Information (All fields are required)

Name (Last, First, MI) _____ Campus-Wide ID _____

Proxy Information (All fields are required)

Name (Last, First, MI) _____ Campus-Wide ID _____

Department _____ Campus _____ Extension _____

I approve the named individual to be a proxy for the cardholder listed above.

_____

Cardholder (Signature)   *Print Name*   *Date*   *Extension*

_____

Cardholder's Supervisor (Signature)   *Print Name*   *Date*   *Extension*

Internal Use Only:

Request Entered By (Initial) _____ *Date* _____

Return Completed Form to the Accounts Payable Office - Mail Code 4721

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